This standardised template is intended for use by VSA members when developing and submitting scenarios for validation and publication by the Victorian Simulation Alliance (VSA). The template was developed by the California Institute for Nursing and Health Care (CINHC), based in San Francisco, and is a modification of the standard template for The California Simulation Alliance (CSA).

VSA has obtained permission from the CINHC to use the template for the purpose of developing, validating and publishing scenarios. The VSA would like to thank CINHC and the CSA for their support in the establishment and ongoing development of the Alliance.

The VSA aims to support the ongoing development and implementation of simulation within health professional education by:

- Creating a cohesive voice & a common language
- Facilitating ongoing professional development and education
- Information dissemination
- Best practice identification
- Scenario development & sharing
- Fostering collaboration & partnerships
- Facilitating inter-organisational research
- Standard and policy setting
- Identifying opportunities & lobbying for funding
- Linking internationally

Prior to publication, all scenarios are validated by subject matter experts, pilot tested and approved by the VSA. While scenario developers are acknowledged, all scenarios published by the VSA become the property of the Alliance.

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Please note: Adobe Reader X (10.1.4) is required to save and submit this template once it has been completed. To update your version visit Adobe's website at www.adobe.com, this software is free and requires no purchase to download.

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Section 1

1.0 SCENARIO COVER PAGE

Scenario title:			
Original scenario developer(s): (name and	credentials)		
Date-original scenario developed:		Pre-testing d	ate:
Validation date:		Revision date	tes:
Discipline: (please tick): Medical Nursing Paramedical Midwifery Interprofessional Allied Health (state which area):	Learner speciality: (please Undergraduate Post Graduate Vocational (Diploma/Ce Continuing professiona Other (please list):	ertificate)	Scenario cast: (no of participants) Category: (please tick) Simulator: (please state type) Programmed scenario: Yes No Mannequin: (please state type) Programmed scenario: Yes No Part-task trainer: (please state type) Simulated patient Hyrbird

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Section 1

1.1 SCENARIO OVERVIEW

Type of simulation: (Simulated Patient, Manikin Based, Hybrid, etc)	Target group: (Undergraduate Nursing, Medical Officers, etc)		Total number of active participants:
	Pre-Scenario Lea	arner Activities:	
Scenario setting: (Emergency Dept, Surgical Ward, etc)		Estimated scenario time: (Insert minut	es)
		Guided debriefing time: (Insert minutes)	
Cognitive skills:		Psychomotor skills:	
Brief summary: (Short narrative of the case)			
Learning objectives:			
Critical learner actions:			

ALL DATA IN THIS SCENARIO IS FICTITIOUS

Evidence base/references: (APA format)

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Section 1

1.2 SCENARIO PARTICIPANT ROLE (CAST)				
Number of active participants:				
Active Learners:	Active Confederates:	Total active participants:		
Outline	roles and responsibilities of the following parti	cinants:		
	TOTO CHILL TOOP OF THE TOTO WHILE PARTY			
Role: Senior RN on Duty in Eme.	gany Department	Learner Confederate		
Brief descriptor:	appears that students are having difficulty	devising an appropriate management plan		
supported structures of the	0 00 7	0 11 1 0 1		
Role:		Learner Confederate		
Brief descriptor:				
Role:		Learner Confederate		
Brief descriptor:				
Role:		Learner Confederate		
Brief descriptor:				
Role:		Learner Confederate		
Brief descriptor:				
Role:		Learner Confederate		
Brief descriptor:				
6 Role:		Learner Confederate		
Brief descriptor:				
7 Role:		Learner Confederate		
Brief descriptor:				

"A confederate is an individual other than the patient who is scripted in a simulation to provide realism, additional challenges, or additional information for the learner (e.g. paramedic, receptionist, family member, lab technician)". Referenced from: http://www.ahcsimcenter.umn.edu/ProjectDevelopment/SimulationTerms/index.htm

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Section 1

1.2 SCENARIO PARTICIPANT ROLE (CAST) CONTINUED

	Outline roles and responsibilities of the following participants:		
8	Role:	Learner	Confederate
Brief	descriptor:		
9	Role:	Learner	Confederate
Brief	descriptor:		
10	Role:	Learner	Confederate
Brief	descriptor:		
11	Role:	Learner	Confederate
Brief	descriptor:		
12	Role:	Learner	Confederate
Brief	descriptor:		
13	Role:	Learner	Confederate
Brief	descriptor:		
14	Role:	Learner	Confederate
Brief	descriptor:		
15	Role:	Learner	Confederate
Brief	descriptor:		
16	Role:	Learner	Confederate
Brief	descriptor:		



Section 1

1.3 SCENARIO PREPARATION
Participant pre-brief:
Environment: (key points to mention regarding environment)
Equipment: (key points to mention regarding equipment being used)
Safety: (key points to mention regarding safety)
Simulator/Manikin/Simulated Patient: (key points to mention regarding simulator/manikin/patient)
Limitations and ways to gather required information:
Other:

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Section 1

1.4 SCENARIO PATIENT DESCRIPTION			
Patient name:	History of present illness:		
Age:			
Weight:			
Gender:			
Religion:			
Country of birth:			
Language:			
Aboriginal:			
Torres Straight Islander:			
Primary medical diagnosis:			
1.5	PATIENT INFORMATION		
Past medical history: (system review)			
Current medications:			
Allergies/Reaction to allergies:			
Other:			

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Section 1

1.6 SCENARIO NARRATIVE/SEQUENCE OF EVENTS Stage 1: Initiation of scenario Time: Stage 2: Body Time: Stage 3: Scenario end point Time:

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Section 2

2.0 DEBRIEFING GUIDE

General debriefing plan: (please tick)	Sample questions for debriefing: (Delete those not required/add additional questions if needed)
Individual	1. How did the experience of caring for this patient feel for you and the team?
Group With video	2. Did you have the knowledge and skills to meet the learning objectives of the scenario?
Without video	3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
Debriefing materials: (please tick)	4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP?
Debriefing guide	5. How would you handle the scenario differently if you could?
Objectives Debriefing points	6. In what ways did you feel the need to check ACCURACY of the data you were given?
	7. In what ways did you perform well?
	8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members?
Some aspects to consider for debriefing scenarios: (please tick)	9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting?
Patients centered care	10. At what points in the scenario were your actions specifically directed toward PREVENTION of a negative outcome?
Teamwork/collaboration	11. Discuss actual experiences with diverse patient populations.
Evidence-based practice	12. Discuss roles and responsibilities during a crisis.
Safety	13. Discuss how current practice continues to evolve in light of new evidence.
Quality improvement	
Informatics	14. Consider potential safety risks and how to avoid them.
	15. Discuss the health professional's (select relevant profession) role in design, implementation

References (if required):

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Section 3

3.0 SCENARIO SET UP

Room requirements:

Room requirements.
Example: The room/area being utilised should be furnished and set up to appear as close to the area in which you are trying to replicate.
Simulated patient / manikin preparation:
Dress: Example: The SimMan manikin should be dressed in a ward gown
Positioning: Example: In bed sitting semi-fowlers
Props: Example: IV insitu (R) cubital fossa, cervical collar insitu

3.0 SCENARIO SET UP CONTINUED

Simulated patient/manikin preparation:

Additional module(s):

Example: The following should be applied to the SimMan manikin: (delete or add additional modules/pictures if applicable)

Trauma modules (insert additional pictures if appropriate)

- · Closed fracture (R) leg tibia and fibula
- · Open fracture pad inserted in (L) thigh





Moulage:

Example:

Apply moulage to replicate bruising in the following areas:

- (R) Upper arm
- · (L) Temporal region

(delete or add additional detail/pictures if applicable)



Example of moulage demonstrating bruising.

Apply small lacerations and grazes to exposed areas of skin. Only basic first aid is to be applied to the open fracture (R) leg; ensure simulated blood is shown coming through the dressing to demonstrate uncontrolled bleeding.

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Section 3

3.1 EQUIPMENT REQUIREMENTS

Participants: (remove or add equipment as required) Dress required (uniform) PPE (gloves/gowns/eye protection) Stethoscope Penlight Reference material	Simulated patient/manikin: (remove or add equipment as required) Clothing Manikin patient monitor Trauma modules: Open fracture femur pad Closed fracture (R) tibia and fibula Moulage kit: Simulated blood Paint to simulate bruising
Room equipment List: (remove or add equipment as required) Monitor/defibrillator IV stand Suction equipment IV infusion pump Oxygen equipment 12 Lead ECG Emergency trolley Vital signs equipment (BP cuff, etc) Drug trolley	Scenario equipment/consumables: (remove or add equipment as required) Medications Dressing packs Bedpan/urinal Needles Nasogastric tubes Syringes IV Fluids
	Supporting Documentation: (add additional documentation as annexes to this template) Annex A: Simulated patient role instructions Annex B: Observation chart Annex C: Drug chart Annex D: Pathology results Annex E: ID/Allergy bands Annex F: Miscellaneous (Post Op/Pre Op)

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Section 4

4.0 SCENARIO PROGRAM OVERVIEW (ONLY APPLICABLE IF COMPUTER-BASED SCENARIO IS USED)

Patient monitor used: Layout used/r	name:	
Yes No		
	4.1 NON SCENARIO SPECIFIC EVENTS	
Liets events that may be conducted h	by the participants and registered by the operator,	but those will not offeet the coopers flow
Lists events that may be conducted t	y the participants and registered by the operator,	out these will not affect the scenario now.
ABC:	Miscellaneous:	Medication:
ABC:	Miscellaneous:	Medication:
ABC:	Miscellaneous:	Medication:
ABC:	Miscellaneous;	Medication:
	misochaneous	inculturion.
	ENARIO SPECIFIC EVENTS (Utilised in 4.4 Scei	
Lists events that must be	logged when conducted by the participants to ens	ure scenario continue to flow.
ABC:	Affect if selected	
Miscellaneous:	Affect if selected	
Missellensens		
Miscellaneous:	Affect if selected	
Medication:	Affect if selected	

Section 4

4.3 SCENARIO PROGRAM OVERVIEW (ONLY APPLICABLE IF COMPUTER-BASED SCENARIO IS USED) **Manikin sensed events:** If yes, list and provide detail: Yes () No **Handlers** Lists events that handlers have been applied to and what actions have been programmed: Action: **Event:** Action: **Event: Event: Action:** Action: **Event: Trends** List the trends used in the scenario with a brief description: Name and frame name: **Description:** trend length Name and frame name: **Description:** trend length Name and frame name: **Description:** trend length

Name and frame name:

Description: trend length

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Section 4

4.4 SCENARIO FLOW - INITIAL STATE (ONLY APPLICABLE IF COMPUTER-BASED SCENARIO IS USED)

Heart rate:	INITIAL STATE
	Specific scenario events:
ECG:	
BP:	
Respiration:	
SPO2:	
Temp:	
Other parameters: eg: sweat, blood etc:	
Active handler(s):	
Active trend(s):	
Time in frame:	

4.4 SCENARIO FLOW - SECOND STATE (ONLY APPLICABLE IF COMPUTER-BASED SCENARIO IS USED)

Heart rate:	SECOND STATE
	Specific scenario events:
ECG:	
BP:	
Respiration:	
SPO2:	
Temp:	
Other parameters: eg: sweat, blood etc:	
Active handler(s):	
Active trend(s):	
Time in frame:	

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Section 4

4.4 SCENARIO FLOW - THIRD STATE (ONLY APPLICABLE IF COMPUTER-BASED SCENARIO IS USED)

Heart rate:	THIRD STATE
	Specific scenario events:
ECG:	
BP:	
Respiration:	
SPO2:	
Temp:	
Other parameters: eg: sweat, blood etc:	
Active handler(s):	
Active trend(s):	
Time in frame:	

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Section 5

	5.0 ANNEXES (PLEASE ADD RELEVANT DOCUMENTATI	ON)
Annex A: (title)		
Annex B: (title)		
Annex C: (title)		
Annex D: (title)		
Annex B: (title)		
Annex E: (title)		
Annex F: (title)		
Annex G: (title)		